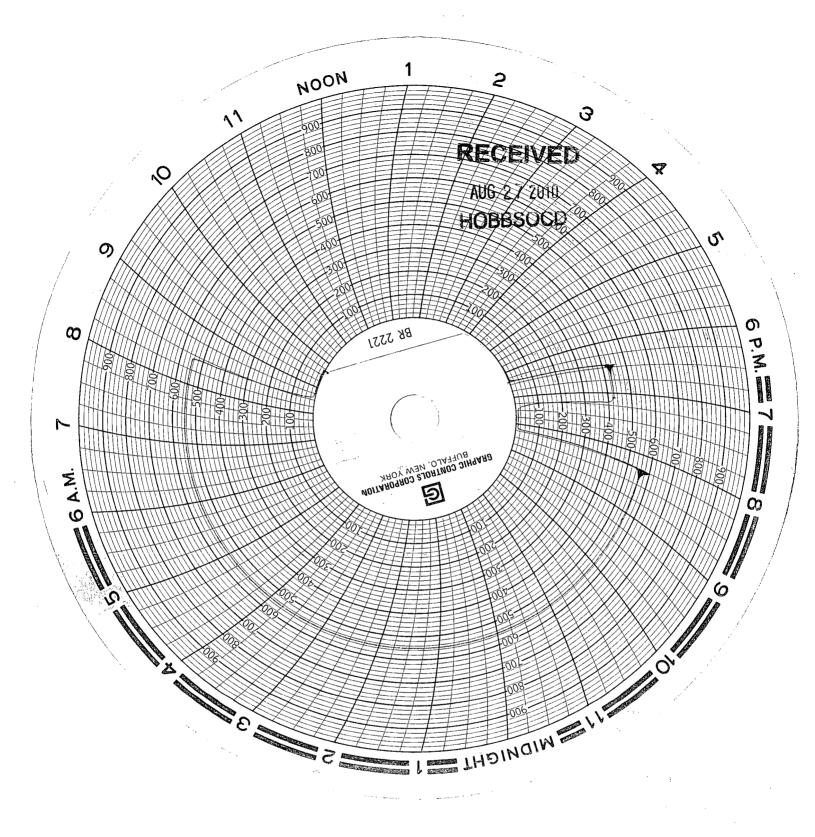
Office	State of New Mexico	Form C-103
District I En	ergy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 8 RECELY	L CONSERVATION DIVISION	30-025-26780
1301 W. Grand Ave., Artesia, NM 88210	A01220 South St. Francis Dr	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 874 AUG 27 20 District IV	Santa Fe, NM 87505	STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NAGOBBSO 87505	CD Salita Pe, 14M 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		7. Lease Name or Unit Agreement Name East Vacuum Grayburg-San Andres Unit Tract 2801
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection		8. Well Number 12
2 Name of Operator		9. OGRID Number
ConocoPhillips Company		217817
3. Address of Operator 3300 N. "A" St., Bldg. 6 Midland, TX 79705		10. Pool name or Wildcat Vacuum; Grayburg-San Andres
4. Well Location		·
Unit Letter M: 950	feet from the SOUTH line and 15	0 feet from the WEST line /
Section 28	Township 17S Range 35E	NMPM CountyLEA
11. Ele 3952'	vation (Show whether DR, RKB, RT, GR, etc. GR) media media
12 (1. 1 4	Cata Day at a La Parata Nation (CNL)	D (OI D)
** *	iate Box to Indicate Nature of Notice,	•
TEMPORARILY ABANDON CHANG	ON TO: AND ABANDON GE PLANS PLE COMPL CASING/CEMEN	ILLING OPNS. P AND A
OTHER:	OTHER: Repair D	Downhole Failure and new MIT
	rations. (Clearly state all pertinent details, an RULE 19.15.7.14 NMAC. For Multiple Co	d give pertinent dates, including estimated date
Injection well EVGSAU 2801-12 failed it' Repairs were made on 6-25-2010, where we pumped w/ 1500 gal 15% HCL, flushed we Returned to injection.	ve ran 141 jts of new 2-7/8" TK-99 tubing @	4382'; two RBP set @ 4346' and @ 1500';
A successful MIT was run on 8-3-2010. C	hart is attached.	
·		
	MANAGE AND	
Spud Date:	Rig Release Date:	
	Nag Release Date.	WATER-OF BRIDGE BOOK OF THE PARTY OF THE PAR
I hereby certify that the information above is t	rue and complete to the best of my knowledg	e and belief.
10, ()		
SIGNATURE / W. STA	TITLE Regulatory Specialist	DATE 08/26/2010
Type or print name Jalyn N. Fiske	F mail address. John Fiele @aan	Name 111 1 1 1 1 1 1 1 1
For State Use Only	E-mail address: Jalyn.Fiske@con	ocophillips.com PHONE: (432)688-6813
ARREQUED BY:	TITLE STAFF MADE	3 p.m. // /a /
APPROVED BY: Conditions of Approval (if any):	IIILE OUIT /VER	
" / "U "		
		31~



API

8-3-2010
30-025-2678

CONOCU Ph. 11.ps

EVG9AL 2801-012

1000 PSI CHART RECURPERL

(TESTED 6-17-10)

Clauma WM3Welliamt

NABORS Well Services